



ATTACHMENT "A"

4600 Valley Road, Suite 321
Lincoln, NE 68510

Phone: 402-486-0911

Fax: 402-486-0914

Email: ems@webworldwide.com

July 5, 2002

Joan Ross, City Clerk
City of Lincoln
555 South 10 Street
Lincoln, NE 68508

RECEIVED *CK*
JUL 12 2002
LAW DEPT.
MOZ 06858

Dear Ms Ross:

Pursuant to Lincoln Municipal Code 7.08.010 EMS, Inc. has reviewed the proposed ambulance fee schedule submitted by the Lincoln Fire Department.

Rates proposed by the Lincoln Fire Department are as follows:

| | |
|------------------------------|----------|
| BLS non-emergency | \$310.00 |
| BLS emergency | \$415.00 |
| ALS 1 emergency | \$513.00 |
| ALS 2 emergency | \$550.00 |
| ALS non-emergency | \$495.00 |
| Special Medical Service Team | \$550.00 |
| ALS Paramedic Intercept | \$275.00 |
| ALS Treat & Release | \$250.00 |
| Team Transport | \$ 75.00 |
| Loaded Mileage | \$ 8.25 |

Standbys:

| | |
|--------------------------|----------|
| Paramedic Ambulance Team | \$ 72.00 |
| Bike Paramedic Team | \$ 55.00 |
| Paramedic Event Team | \$ 55.00 |

The EMS, Inc. Board of Directors has compared these rates to existing rates in surrounding communities as well as cities with comparable populations. Enclosed you will find Attachment A, which describes the cities used for the comparability study. These proposed rates represent an overall increase of 4.23% in fees. This increase appears to be within the previous range of increases that the City of Lincoln has experienced. Based upon the information provided to us by the fire department, these rates do appear reasonable for the City of Lincoln.

Any questions or concerns may be directed to myself at 486-0911.

Sincerely,

Mike Miriovsky

Mike Miriovsky
Executive Director

Cc: Mike Spadt, Fire Chief
Sherrie Knudsen
EMS, Inc. Board Members

"Coordinating The Excellence of Emergency Medical Services To The Citizens of Lincoln"

Proposed Rates

| Call Type | Fee |
|------------------------------|----------|
| BLS non-emergency | \$310.00 |
| BLS emergency | \$415.00 |
| ALS 1 emergency | \$513.00 |
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GENERAL FACT SHEET

BILL NUMBER

BRIEF TITLE

APPROVAL DEADLINE

REASON

| DETAILS | POSITIONS/RECOMMENDATIONS | |
|-----------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| | Sponsor | |
| | Program Departments, or Groups Affected | |
| | Applicants/ Proponents | Lincoln Fire & Rescue |
| Discussion (Including Relationship to other Council Actions) | Opponents | Groups or Individuals Basis of Opposition |
| | Staff Recommendations | " For " Against Reason Against |
| | Board or Commission Recommendation | BY " For " Against " No Action Taken " For with revisions or conditions (See Details column for conditions) |
| | CITY COUNCIL ACTIONS (For Council Use Only) | " Pass " Pass (As Amended) " Council Sub. " Without Recommendation " Hold " Do not Pass |
| | | |

DETAILS

POLICY/PROGRAM IMPACT

| | | | |
|------------------------------|------------------------------------|--------------------|----|
| | POLICY OR PROGRAM CHANGE | " NO " YES | |
| | | | |
| | | | |
| | | | |
| | OPERATIONAL IMPACT ASSESSMENT | | |
| | | | |
| | | | |
| | | FINANCES | |
| COST AND REVENUE PROJECTIONS | COST of total project: | | \$ |
| | COST of this Ordinance/ Resolution | | \$ |
| | RELATED annual operating Costs | | \$ |
| | INCREASE REVENUE EXPECTED/YEAR | | \$ |
| SOURCE OF FUNDS | CITY [Approximately] | | |
| | \$ | | % |
| | \$ | | % |
| | \$ | | % |
| | NON CITY [Approximately] | | |
| | \$ | | % |
| | \$ | | % |
| | \$ | | % |
| BENEFIT COST | | | |
| " Front Foot | | Average Assessment | |
| " Square Foot | | \$ | \$ |

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY:

REFERENCE NUMBER